

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: ARTISTIC RESOURCES, INC.
BUSINESS STREET ADDRESS: 2730 S. HIATUS RD ZIP 33330
BUSINESS MAILING ADDRESS: SW 113 Ave ZIP _____
BUSINESS PHONE: 954-475-1841
DESCRIBE TYPE OF BUSINESS: ART WORK Design FOR separate retail location
OFFICE
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Kathryn Tibbetts</u> ^{PR}	<u>2730 S. HIATUS RD</u>	<u>DAVIE 33330</u>	<u>954-475-1841</u>
2. <u>DAVID Tibbetts</u> ^{VP}	<u>"</u>	<u>"</u>	<u>"</u>

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

DAVID Tibbetts, V.P. David Tibbetts
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>6/10/02</u> Category <u>13500</u> Fee Exempt per Sec. 13-13 _____ Fee <u>55.13</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>02 16085</u> Control # <u>14032</u> Zoning <u>R-1</u> (Davie West)	Date <u>6/20/02</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Jul</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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